



**HEALTH AND HUMAN
SERVICES AGENCY
EL DORADO COUNTY**

Transforming Lives and Improving Futures

MENTAL HEALTH SERVICES ACT (MHSA)

FISCAL YEAR 2025/26 Annual Update

Health and Human Services Agency, Behavioral Health Division

Presenter:
Meredith Zanardi, MHSA Coordinator



May 20, 2025



Community Program Planning Process (CPPP)

- ✓ 2 dedicated CPPP Stakeholder Meetings and 10 Community Meetings were held between July 2024 and October 2025; 159 attendees
 - ✓ 1 Spanish spoken meeting with 12 attendees
- ✓ Surveys: 48 responses
 - Public MHSA Announcement/Social Media/Websites
 - Notices of the Community Meetings and Surveys were emailed to the MHSA distribution list, HHSA staff, Behavioral Health Commissioners and the Board of Supervisors
- ✓ Recurring Themes (Needs):
 - Housing and Homelessness, including the cost of housing
 - Substance abuse/misuse treatment
 - Availability of mental health services and access to services
 - Youth mental health
 - Suicide prevention, especially for youth
- ✓ Notice of the Public Comment Period and Public Hearing were included in a Public MHSA Announcement with postings on Facebook, direct emails to the MHSA distribution list and notices on Behavioral Health's webpage.
- ✓ MHSA draft Annual Update public comment period was posted on the Behavioral Health Division/MHSA webpage on February 3, 2025. Public Comment ended March 5, 2025 at 5 p.m.



Legislative Changes

- ✓ **Proposition 1:** Proposition 1 was passed by voters in March 2024 and has two major components with various implementation timelines.
 - ✓ **AB 531** authorizes the issuance of bonds in the amount of \$6,380,000,000 to finance loans or grants for the acquisition of capital assets for the conversion, rehabilitation, or new construction of permanent supportive housing for veterans and others who are homeless and meet specified criteria, and for grants for the Behavioral Health Continuum Infrastructure Program
 - ✓ **SB 326** renames the existing Mental Health Services Act (MHSA) to the Behavioral Health Services Act (BHSA) including sweeping reform with the majority of changes to be implemented July 1, 2026.
- ✓ **SB 43** expands the definition of “gravely disabled” to also include a condition in which a person, as a result of a severe substance use disorder, or a co-occurring mental health disorder and a severe substance use disorder, is, unable to provide for their personal safety or necessary medical care.
- ✓ **AB 1051** revises previous legislation to confirm the responsible County in matters of out of county youth placements in short-term residential therapeutic programs, community treatment facilities, or group homes.

Revenue

FY 25-26	CSS	PEI	INN	WET	CFTN	TOTAL
Available Funds:						
Prop 63 (MHSA) - New Funding (projected)	\$7,151,897	\$1,787,974	\$470,520	\$0	\$0	\$9,410,391
Funding from other Sources	\$13,687,564	\$1,462,438	\$46,000	\$27,000	\$705,000	\$15,928,002
Estimated Starting Fund Balance	\$6,788,802	\$0	\$4,626,315	\$88,676	\$2,233,670	\$13,737,463
Total Available Funds Budgeted	\$27,628,263	\$3,250,412	\$5,142,835	\$115,676	\$2,938,670	\$39,075,856

FY 24/25 projected MHSA Revenue for comparison	\$8,894,828	\$2,223,707	\$585,186	\$0	\$0	\$11,703,721
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Expenditures

FY 25-26	CSS	PEI	INN	WET	CFTN	TOTAL
Expenditures:						
Budgeted Expenditures from Fund Balance and New Revenues	(\$28,076,050)	(\$5,217,193)	\$0	(\$300,000)	(\$2,310,000)	(\$35,903,243)
Anticipated Reversion	\$0	\$0	(\$562,415)	\$0	\$0	(\$562,415)
Budgeted Fund Balance at Fiscal Year End	(\$447,787)	(\$1,966,781)	\$4,580,420	(\$184,324)	\$628,670	\$2,610,198
Average Actual Expenditures	46%	63%	n/a	22%	20%	
Anticipated Fund Balance at Fiscal Year End	\$14,713,280	(\$36,420)	\$4,580,420	\$49,676	\$2,476,670	\$21,783,627



Community Services and Supports (CSS):

80% of total funding must be for CSS (in reality, it is 76% because 4% goes toward Innovation funding) 51% of the funding must be used for Full Service Partnership (FSP)

- Modified CSS Projects
 - **Mobile Crisis Project (formerly Community-based Outreach and Linkage Project)** –This project has been moved from the PEI component to CSS Outreach and Engagement as a reflection of the more comprehensive services provided to current Behavioral Health Clients, Medi-Cal members and the El Dorado County community as a whole. This project is being increased in order to meet State mandated requirements as set forth in BHIN 23-025. An estimated 40% of project funding may be offset by Medi-Cal claiming for eligible mobile crisis contacts. Additionally, the project has also been renamed.
 - **Wellness and Recovery Services/Adult Wellness Center Project – The Community Wellness Center/Integrated Service Center Program** within this larger project is being removed due to the alternative CFTN project to promote service integration. See CFTN New and Removed projects for more details.
 - **Wellness and Recovery Services/TAY Engagement** – This project FY 25/26 annual allocation has been increased by \$200,000 to more accurately reflect offsetting Mental Health Block Grant (MHBG) expenditures reported under this project. No additional MHSA revenue has been allocated to this project.
 - **Crisis Residential Treatment (CRT) Project** - This project allocation has been increased by \$600,000 to meet needs identified through contracting process. Partial Medi-Cal offset is anticipated.
- Removed CSS Projects
 - **Recreation Therapy Project** – This project is being removed due to the focus on mandated services. Recreational opportunities may still be accessible to FSP clients.



Community Services and Supports (CSS): (Continued)

- As a result of anticipated reduction in revenues several CSS projects have been assessed for funding reductions.

Project Name	Reduction	FY 25/26 Allocation
Peer Partner Project - Parent Partner	\$43,500	\$246,500.00
Court Appointed Special Advocates (CASA)	\$3,450	\$19,550.00
Transitional Aged Youth (TAY) FSP Project	\$75,000	\$425,000.00
Adult and Older Adult FSP Project	\$1,000,000	\$6,500,000.00
Wellness and Recovery Services/Adult Wellness Centers	\$313,000	\$3,800,000.00
Access Services	\$225,000	\$1,050,000
Assisted Outpatient Treatment (AOT)	\$14,000	\$50,000
Lanterman-Petris-Short (LPS) Project	\$250,000	\$250,000
Genetic Testing Project	\$25,000	\$25,000



Prevention and Early Intervention (PEI):

20% of total funding must be for PEI (in reality, it is 19% because 1% goes toward Innovation funding) 51% of the funding must benefit individuals 25 years old or younger

- New or Modified PEI Projects

- **Suicide Prevention and Stigma Reduction Project** – This project is being reduced by \$200,000 with limited activities funded by MHSA following the June 2025 expiration of the Youth Suicide Reporting and Crisis Response Pilot Program Grant Funding. In accordance with BHSA regulations, Suicide Prevention will be a function of Public Health with a percentage of MHSA revenue being distributed to the California Department of Public Health prior to distributions to Counties.
- **Community-Based Outreach and Linkage Project/PERT (now Mobile Crisis Project)** – This project has been moved to CSS Outreach and Engagement

- Removed PEI Projects

- **Goods and Services to Promote Positive Mental Health and Reduce Mental Health Risk Factors Project** - This project is being removed due to underutilization.
- **Bridge the Gap Project** – This project is being removed due to duplication with Managed Care Plan/private insurance responsibility.
- **National Suicide Prevention Line Project** – This project is being removed because as of the implementation of the 988 Lifeline, this service is no longer funded at the County level.
- **TimelyCare Project** – This project is being removed because it has been assessed as duplicating services that may otherwise be supported by alternative funding sources such as managed care plans and/or private insurance.
- **Statewide PEI Project** – This optional project is being removed due to anticipated revenue reductions and emphasis on direct services.



Prevention and Early Intervention (PEI):

20% of total funding must be for PEI (in reality, it is 19% because 1% goes toward Innovation funding) 51% of the funding must benefit individuals 25 years old or younger

- As a result of anticipated reduction in revenues several PEI projects have been assessed for funding reductions.

Project Name	Reduction	FY 25/26 Allocation
Latino Outreach	\$60,000	\$340,000
Primary Project	\$90,500	\$162,500
Wennem Wadati: A Native Path to Healing Project	\$17,250	\$97,750
Clubhouse El Dorado Project	\$45,000	\$255,000
Older Adult Enrichment project	\$60,000	\$340,000
Children 0-5 and Their Families Project	\$58,500	\$331,500
Prevention Wraparound Services: Juvenile Services Project	\$75,000	\$425,000
Forensic Access and Engagement Project	\$50,000	\$100,000
Student Wellness Center Project	\$267,120	\$623,280
Mental Health First Aid, safeTALK and Other Community Education Projects	\$85,000	\$75,000
Community Stigma Reduction Project	\$15,000	\$85,000
Community Education Project	\$150,000	\$68,000
Peer Partner Project - Youth Advocate	\$16,500	\$93,500
Mentoring for Youth Project	\$14,400	\$81,600
Project Access	\$200,000	\$300,000
Veterans Outreach Project	\$25,875	\$146,625



Innovation (INN):

5% of total funding must be for INN

- Following guidance provided by DHCS that “Counties will have flexibility to allocate their unspent Mental Health Services Act (MHSA) funds to the BHSA components (BHSS, Housing Interventions, FSP) at local discretion.”, the BHD has stopped further development of proposed INN projects. Details for the use of unspent INN funding will be included in the FY 26-29 BHSA Integrated Plan.



Workforce Education and Training (WET):

MHSA no longer provides funding for WET activities, so WET projects will continue to be funded by transferring CSS funds to this component, as may be needed.

- *New or Modified WET Projects*
 - The Peer Support Specialist Certification Program was added to the **Workforce Development Project** in order to utilize MHSA funding to grow the Peer Certified workforce within our staff and community. Client supported certification remains under the CSS Wellness and Recovery Project.
- *Removed WET Projects*
 - **Statewide WET Planning and Community Needs Assessment** has been removed due to no further State participation requirement.



Capital Facilities and Technology (CFTN):

MHSA no longer provides funding for CFTN. The County has been operating this project through funds previously received and remaining as a fund balance, as well as transfers from CSS.

- *New or Modified CFTN Projects*
 - **Electronic Health Record Project** – This project is being expanded to include offline access software to be utilized by staff or providers while providing services in remote parts of El Dorado County, including but not limited to during Mobile Crisis responses. The project allocation has been increased by \$100,000 to accommodate additional costs for services.
 - **Service, Outreach, Access, and Response (SOAR) Project** – This project has been added for the option to utilize up to \$1 million as a County match for potential Behavioral Health Continuum Infrastructure Program (BHCIP) grant funding.
- *Removed CFTN Projects*
 - **Integrated Community-based Wellness Center Project** - This project has been removed due to re-evaluation of integrated services delivery with consideration of State BHCIP grant funding.
 - **CFTN Administration: Housing Consultant** - This program has been removed and the CFTN Administration allocation reduced by \$100,000. The use of a Housing Consultant may be re-evaluated under the FY 26-29 BHSA Integrated Plan.



Next Steps

► Final revisions

- County staff will utilize discussion, feedback and any required changes made by the Board of Supervisors to complete the final MHSA FY 2025/26 Annual Update

► Board of Supervisors to consider the final MHSA Annual Update during their regularly scheduled meeting on June 17, 2025, resulting in:

- Adoption of the MHSA Annual Update as written;
- Adoption of the MHSA Annual Update with revisions; or
- Decline to adopt the MHSA Annual Update

► Once the MHSA Annual Update is adopted:

1. The County Auditor and Behavioral Health Director sign the Plan Certification forms;
2. Behavioral Health completes administrative requirements, begins implementation, and prepares for next annual planning process



QUESTIONS?

MHSA@edcgov.us

